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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 7950

SERIAL NUMBER 09/637,821	FILING DATE 08/11/2000 RULE	CLASS 381	GROUP ART UNIT 2644	ATTORNEY DOCKET NO. PACIF-55288
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APPLICANTS

Keith O. Johnson, Pacifica, CA;
Alex Limberis, Bellevue, WA;
Mats Myrberg, Seattle, WA;
Timothy E. Onders, Kirkland, WA;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/148,412 08/11/1999

**** FOREIGN APPLICATIONS *******

None

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 12/08/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 28	TOTAL CLAIMS 54	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

22801

TITLE

Compensation system and method for sound reproduction

FILING FEE RECEIVED 2260	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 7950

SERIAL NUMBER 09/637,821	FILING DATE 08/11/2000 RULE	CLASS 381	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. PACIF-55288
APPLICANTS Keith O. Johnson, Pacifica, CA; Alex Limberis, Bellevue, WA; Mats Myrberg, Seattle, WA; Timothy E. Onders, Kirkland, WA;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/148,412 08/11/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/08/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 28	TOTAL CLAIMS 54
Verified and Acknowledged Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 5
ADDRESS 24201				
TITLE Compensation system and method for sound reproduction				
FILING FEE RECEIVED 1990	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	